

CMS Disclaimer—User Agreement
Privacy Protected Data—Standard Files
April 26, 2004

The Center for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare, Medicaid and State Children's Health Insurance Programs. Our agency resources, including staff and computing resources, are primarily dedicated to agency operations. CMS is committed to providing data to other Federal agencies and to the public according to law and as our resources permit. CMS supports these requests with the resources available after agency mission needs have been met.

The increase in CMS mission responsibilities resulting from enactment of the Medicare Drug Improvement and Modernization Act (MMA) has further strained our staffing and computing resources. This disclaimer details the restrictions on CMS services in supporting data requests so that data requestors can plan their projects accordingly. It also specifies the responsibility of the data user and of CMS in regard to the delivery, processing, and understanding of the data files.

Timeframes for data delivery: The HIPAA Privacy Rule, 45 C.F.R. Parts 160 and 164, now requires that privacy-protected data requests are approved by the CMS Privacy Officer. This clearance process takes approximately 1-2 weeks. Data production may take as long as an additional 1-2 weeks. Therefore, please allow up to 4 weeks for CMS to fill your order. CMS will make every effort to process requests in a timely manner, but we cannot guarantee that resources are available to meet any timeframe.

Data accuracy: CMS publishes data that is used by the agency for operational purposes. We use agency standard matching and cross-referencing routines. The requestor accepts the agency data and the agency routines used to produce the data. CMS cannot commit resources to explain or validate its complex matching and cross-referencing programs to requestors.

CMS also publishes the best and most complete documentation available about the file formats and the data. CMS does not insure 100% accuracy of all records and all fields. Some data fields that are not used for agency functions may contain incorrect or incomplete data. Users must familiarize themselves with the detailed data dictionary that is included with every file and published on the internet (www.cms.hhs.gov/LimitedDataSets/). A history of each data element, including changes, quality issues, and corrections, is in the data dictionary. Users accept the quality of the data they receive. CMS will not resolve data discrepancies or data questions raised by users. If users would like to report a systemic problem with the data, they may do so. CMS may not have the resources to verify the discrepancy. If the problem is verified, CMS will revise its data documentation.

Data integrity: CMS will ensure that each requestor receives the data requested. Questions about the data must be addressed to CMS within 60 days of receipt. Any alteration of the original data, including conversion to other media or other data formats, is the responsibility of the requestor. Data that has been manipulated or reprocessed by the user is the responsibility of the user. CMS will discuss only the original data delivered to determine that the initial request has been properly processed. CMS has no responsibility for the data after it has been converted, processed or otherwise altered. CMS has no responsibility for assisting users with converting the data to another format.

Limited Data Sets
GENERAL INSTRUCTIONS AND ORDERING INFORMATION
April 2006

Please ensure that your order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in your order. To process each order, the Centers for Medicare & Medicaid Services (CMS) incurs processing costs associated with staff time, computer time, and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable.

1. The following documentation must be submitted with your order:

- a. Limited Dataset Data Use Agreement
- b. Limited Data Set Order Form
- c. Payment for files
- d. Project Description

2. Standard Output Specifications:

* Please check individual file for media offered

- a. DVD
- b. CD-ROM
- c. If you would like your data output on an external hard drive, add \$100.

3. Methods of Payment (All money must be drawn on a U.S. bank):

- a. Payments must accompany order forms (No credit card payments). Make **company check** or **money order** payable to:
Centers for Medicare & Medicaid Services-Acumen Account or **CMS-Acumen Account**
- b. Electronic Transmitted Payment (For Other Federal Agencies Only)
 1. U.S. Federal Government Agencies need Agency Location Code
 2. U.S. Banks only (contact CMSs Accounting Office - 410-786-2567).
- c. Purchase Orders require prepayment.

4. Files for Order Information

See Website at www.cms.hhs.gov/LimitedDataSets/

PRICES EFFECTIVE April 2006
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



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5. MAILING INSTRUCTIONS FOR ORDERS:

a. Mailing Address if using U.S. Postal Service

Centers for Medicare & Medicaid Services
Acumen Account
Accounting Division
P. O. Box 7520
Baltimore, Maryland 21207-0520

b. Mailing Address if using express mail (Federal Express, Airborne, etc.)

Centers for Medicare & Medicaid Services
OFM/Division of Accounting-Acumen Account
7500 Security Boulevard, C3-07-11
Baltimore, Maryland 21244-1850

Address must be written in its entirety.

Request must include name and telephone # of contact person.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Please Print Legibly or Type

LIMITED DATA SET ORDER FORM

Centers for Medicare & Medicaid Services
Acumen Account
Accounting Division
P.O. Box 7520
Baltimore, Maryland 21207-0520

Date: _____

PURCHASE REQUEST

	<u>FILE NAMES</u>	<u>YEAR</u>	<u>COST</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
		TOTAL	_____

COMPANY CHECK/MONEY ORDER AMOUNT: Payable to: CMS-Acumen Account
(No Personal Checks. All checks must be drawn on a U.S. bank.)

(No Credit Cards Accepted)

AGENCY LOCATION CODE (U.S. Federal Government) _____

OUTPUT SPECIFICATIONS:

1. DVD _____ (Certain files only-check website for media offered)
2. CD-ROM _____ (Certain files only-check website for media offered)
3. If you would like your data output on an external hard drive, add \$100 _____

EXPRESS COMPANY: (i.e., Fed Ex, Airborne, etc.) _____

EXPRESS ACCOUNT: (Number) _____

NAME: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PHONE
NUMBER: _____

FAX NUMBER: _____

SIGNATURE: _____

Allow 4-6 weeks for delivery.

This form can be reproduced for additional orders.

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